



Community Health Needs Assessment

Adopted on: September 14, 2016



Phone: 813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607

Comments about this report can be sent to:

Carolyn Huval

Vice President of Physician Recruiting & Development

Lafayette General Health

1214 Coolidge

Lafayette, LA 70503

chuval@lgh.org



TABLE OF CONTENTS

Acadia General Hospital at a Glance	4
Community Overview	5
Purpose	6
Requirements	7
CHNA Strategy	8
Actions Taken Since 2013 CHNA	9
Health Profile	10
Community Leader Interviews	29
Community Health Phone Survey	32
Community Health Priorities	37
Resources	41
References	47
Appendix A: Carnahan Group Qualifications	49
Appendix B: Community Leader Interview Organizations	50
Appendix C: Community Phone Survey	51
Company Overview	52



Acadia General Hospital at a Glance



Acadia General Hospital (AGH) serves a growing Acadia Parish population. AGH provides acute medical and surgical care, gynecology, pediatric, orthopedic, otolaryngology, cardiac, nephrology, ophthalmology, oncology, emergency services, vein therapy, wound care, and hyperbaric medicine. AGH now offers cardiac outpatient services on site. The Center for Wound Care & Hyperbaric Medicine is located off-site in Tower One. Acadia General Imaging offers MRI services at their off-site location on Northern Avenue.

The hospital is conveniently located in the heart of Crowley at 1305 Crowley Rayne Highway.

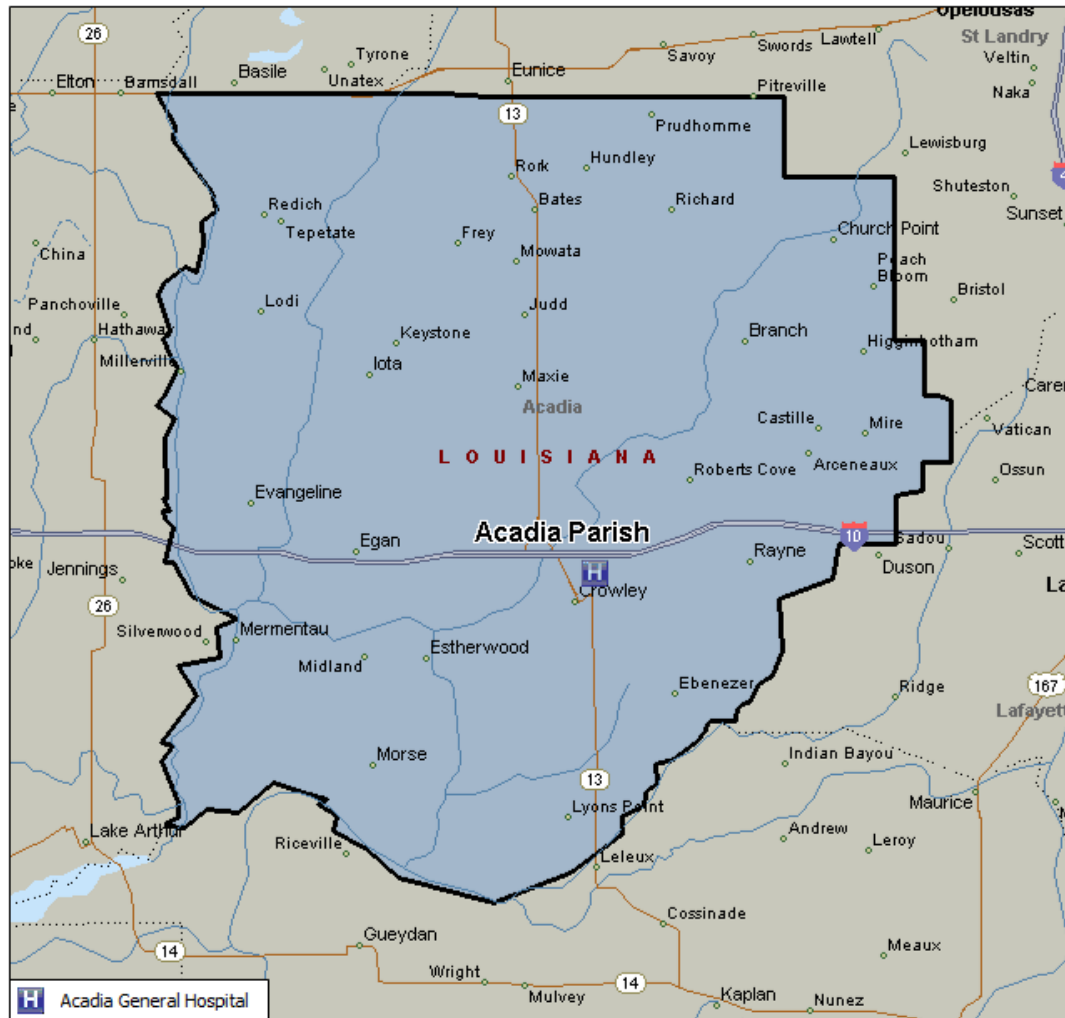
The Lafayette General Foundation is supporting a campaign to construct a new Emergency Department to serve patients with two times the capacity of today.



Community Overview

For the purposes of the CHNA report, AGH chose Acadia Parish as their service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

The map below represents the AGH service area



Sources: AGH; Microsoft MapPoint 2013



Purpose

Community Health Needs Assessment Background

On April 28, 2016, AGH contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for AGH that addresses the community health needs will be developed and adopted by the end of fiscal year 2016.



Requirements

As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which AGH collaborated, if applicable, including their qualifications;
- A description of how AGH took into account input from persons who represented the broad interests of the community served by AGH, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by AGH;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the resources potentially available to address the significant health needs identified through the CHNA; and,
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).



CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by AGH, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by AGH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by AGH; and,
- Consultation or input from other persons located in and/or serving AGH’s community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The sources used for AGH’s CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.



Actions Taken Since 2013 CHNA

AGH, formerly American Legion Hospital, was acquired by Lafayette General Health (LGH) on June 1, 2014. Because this acquisition occurred after the 2013 CHNA report was completed by American Legion Hospital, AGH has chosen to utilize the results from this 2016 CHNA report to devise a new Implementation Strategy that is consistent with the current findings and available resources within the LGH system.



Secondary Data Collection and Analysis Methodology

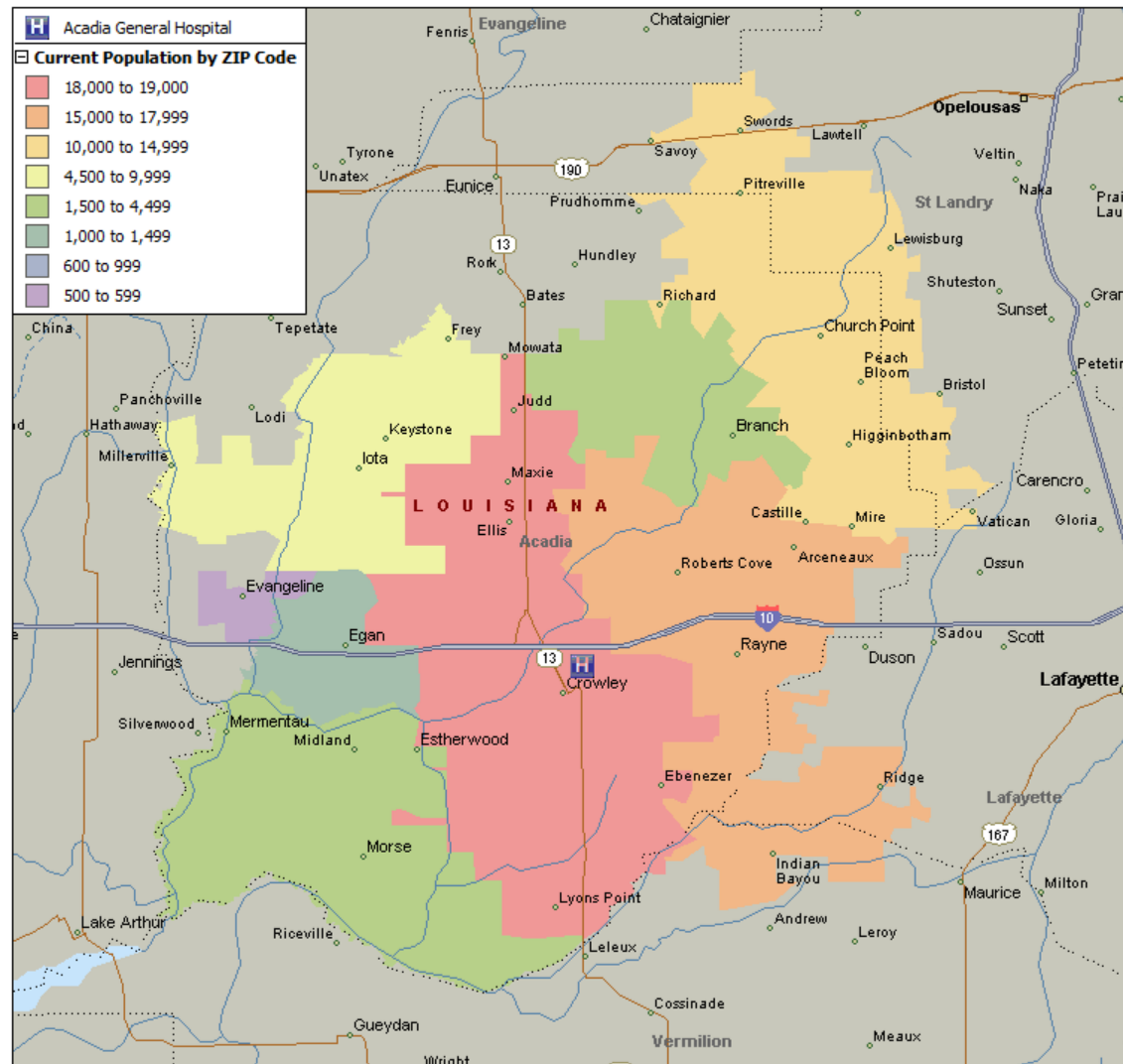
A variety of data sources were utilized to gather demographic and health indicators for the community served by AGH. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Louisiana Department of Health and Hospitals. As previously mentioned, Acadia Parish defines the community for AGH. Demographic and health indicators are presented for this parish. Parish level data are compared to state benchmarks.



Demographics

Population in AGH's Community:

Population Density by ZIP Code, 2015



Sources: Esri 2016, Microsoft MapPoint 2013



Population Change by ZIP Code

The overall projected population growth for the community is 2.7% over the next five years. Slight or moderate population growth is expected for most ZIP Codes, while marginal growth is expected for ZIP Code 70526 (0.4%).

Projected Population Change by ZIP Code, 2015

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
70526	Crowley	18,970	19,052	0.4%
70578	Rayne	17,658	18,339	3.9%
70525	Church Point	11,894	12,225	2.8%
70543	Iota	4,843	5,089	5.1%
70559	Morse	4,054	4,170	2.9%
70516	Branch	1,593	1,692	6.2%
70531	Egan	1,151	1,215	5.6%
70556	Mermentau	678	688	1.5%
70537	Evangeline	566	585	3.4%
Total		61,407	63,055	2.7%

Source: Esri 2016



Population Change by Age and Gender

The populations of residents aged 20–44 and 45–64 are expected to decline. Slight population growth is expected for children and young adults aged 0 through 19 (2.0%). Substantial population growth is expected among residents aged 65 and older (17.3%).

Projected Population Change by Age and Gender, 2015

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	9,029	8,328	17,357	9,231	8,471	17,702	2.2%	1.7%	2.0%
Age 20 through 44	9,521	9,769	19,290	9,683	9,593	19,276	1.7%	-1.8%	-0.1%
Age 45 through 64	7,927	8,267	16,194	7,821	8,205	16,026	-1.3%	-0.7%	-1.0%
Age 65 and older	3,680	4,886	8,566	4,433	5,618	10,051	20.5%	15.0%	17.3%
Total	30,157	31,250	61,407	31,168	31,887	63,055	3.4%	2.0%	2.7%

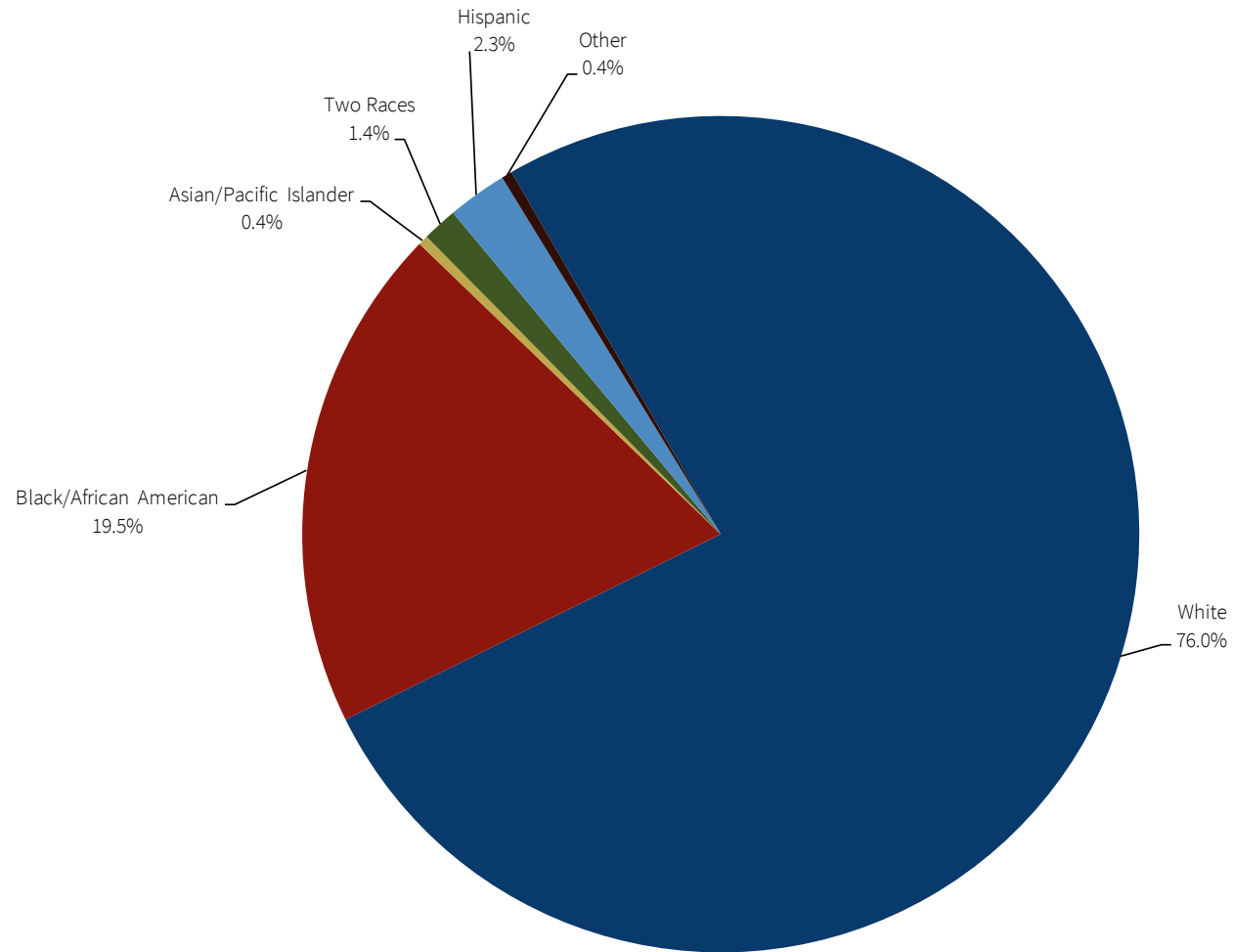
Source: Esri 2016



Population by Race and Ethnicity

Race/Ethnic Composition 2015

The most common race/ethnicity in AGH's community is white (76.0%) followed by black/African American (19.5%), Hispanic (2.3%), individuals of two races (1.4%), Asian/Pacific Islanders (0.4%), and other races (0.4%).



Source: Esri 2016



Population Change by Race and Ethnicity

Substantial population growth is expected for Asian/Pacific Islanders (54.7%), Hispanics (32.0%), individuals of two races (21.8%), and other races (14.7%). Slight population growth is expected for black/African Americans (3.0%) and for the white population (1.0%).

Projected Population Change by Race/Ethnicity, 2015

Race/Ethnicity	2015	2020	Percent Change
White	46,686	47,174	1.0%
Black/African American	11,986	12,345	3.0%
Asian/Pacific Islander	236	365	54.7%
Two Races	833	1,015	21.8%
Hispanic	1,414	1,867	32.0%
Other	252	289	14.7%

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for Acadia Parish (5.7%) is lower when compared to Louisiana (6.4%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in Acadia Parish (\$37,684) is lower than Louisiana’s (\$44,991).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that Acadia Parish residents are more likely to live in poverty (19.9%) compared to Louisiana residents (19.6%). Children in Acadia Parish are less likely to be living below the poverty level (23.5%) compared to all children in Louisiana (27.8%).

Socioeconomic Characteristics

	Acadia Parish	Louisiana
Unemployment Rate ¹	5.7%	6.4%
Median Household Income ²	\$ 37,684	\$ 44,991
Individuals Below Poverty Level ²	19.9%	19.6%
Children Below Poverty Level ²	23.5%	27.8%

¹ Source: Bureau of Labor Statistics, 2014 annual average

² Source: U.S. Census - ACS, 2010–2014 estimates



Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2010–2014 estimates indicate that more Acadia Parish residents have earned a high school degree or equivalent (27.5%) compared to Louisiana residents (17.2%). Adults aged 25 years and older in Acadia Parish are more likely to have a high school degree, but less likely to have a bachelor’s degree than adults aged 25 years and older in Louisiana (see table).

Highest Level of Education Completed Persons 25 Years and Older, 2010--2014

	Acadia Parish	Louisiana
Less than a high school degree	27.5%	17.2%
High school degree or equivalent	38.8%	33.9%
Some college, no degree	17.5%	21.4%
Bachelor's degree	7.4%	14.7%
Graduate or professional degree	2.5%	7.4%

Source: U.S. Census, ACS 2010–2014 estimates



Crime Rates

Murder and non-negligent manslaughter, rape, robbery, and aggravated assault rates in Acadia Parish are substantially lower compared to Louisiana (see table).

Violent Crime Rates, 2013

	Acadia Parish	Louisiana
Murder and non-negligent manslaughter	3.2	10.8
Rape	0.0	27.1
Robbery	12.9	119.9
Aggravated Assault	61.1	352.8

Source: Louisiana Commission on Law Enforcement
 Rates are per 100,000 population



Mortality Indicators

According to CDC Wonder, the age-adjusted mortality from all causes is substantially higher in Acadia Parish (1,017.1 per 100,000) when compared to Louisiana (896.0 per 100,000).

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Acadia Parish (71.2 years) is lower than Louisiana’s (76.5 years). The life expectancy for females is also lower in Acadia Parish (77.0 years) compared to Louisiana (81.2 years).

Mortality Indicators

	Acadia Parish	Louisiana
Age-adjusted mortality from all causes ¹	1,017.1	896.0
Male life expectancy, 2013 ²	71.2	76.5
Female life expectancy, 2013 ²	77.0	81.2

¹ Source: CDC Wonder, 2010–2014

² Source: Institute for Health Metrics and Evaluation
Mortality rates are per 100,000 population



Leading Causes of Death

According to CDC Wonder, heart disease and cancer are the first and second leading causes of death, respectively, in Acadia Parish and Louisiana. Stroke, accidents, and Alzheimer’s disease are among the top five leading causes of death for Acadia Parish. Other leading causes of death in Acadia Parish and Louisiana include chronic lower respiratory disease, influenza and pneumonia, kidney disease, septicemia, suicide, and diabetes. It is important to note that the stroke and Alzheimer’s disease mortality rates in Acadia Parish are substantially higher than the rates in Louisiana (see table).

Leading Causes of Death , 2010-2014

	Acadia Parish	Louisiana
Heart disease	273.4	216.9
Cancer	218.4	191.2
Stroke	57.9	44.8
Accidents	51.1	48.3
Alzheimer's disease	45.2	32.8
Chronic lower respiratory disease	41.2	44.5
Influenza and pneumonia	26.5	18.5
Kidney disease	25.6	25.0
Septicemia	24.1	18.4
Suicide	18.4	12.8
Diabetes	13.3	26.4

Source: CDC Wonder, 2010–2014
Rates are per 100,000 population



Cardiovascular Outcomes

According to Centers for Disease Control and Prevention, heart disease mortality rates are higher across all races and genders in Acadia Parish when compared to Louisiana (see table).

Age-Adjusted Heart Disease Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Acadia	
	Parish	Louisiana
Heart Disease, All	1,636.4	1,283.5
Heart Disease, White (Non-Hispanic)	1,638.2	1,295.8
Heart Disease, Black (Non-Hispanic)	1,602.8	1,349.3
Heart Disease, Male	1,902.9	1,561.9
Heart Disease, Female	1,410.6	1,087.8

Source: Centers for Disease Control and Prevention

Acadia Parish residents, regardless of race or gender, are substantially more likely to die from a heart attack compared to Louisiana residents (see table). It is important to note that Acadia Parish males are substantially more likely to die from a heart attack compared to Louisiana residents (see table).

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Acadia	
	Parish	Louisiana
Heart Attack, All	312.6	204.2
Heart Attack, White (Non-Hispanic)	304.8	201.6
Heart Attack, Black (Non-Hispanic)	385.3	231.3
Heart Attack, Male	417.4	268.3
Heart Attack, Female	233.8	158.0

Source: Centers for Disease Control and Prevention



Cardiovascular Outcomes (continued)

Acadia Parish residents, regardless of race or gender, are substantially less likely to die from hypertension compared to all Louisiana residents (see table).

Age-Adjusted Hypertension Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Acadia Parish	Louisiana
Hypertension, All	380.9	726.6
Hypertension, White (Non-Hispanic)	378.3	649.1
Hypertension, Black (Non-Hispanic)	466.6	1,052.9
Hypertension, Male	419.5	793.6
Hypertension, Female	365.0	672.6

Source: Centers for Disease Control and Prevention

Acadia Parish residents are more likely to die from a stroke compared to all Louisiana residents. See the table below for rates specific to race and gender.

Age-Adjusted Stroke Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Acadia Parish	Louisiana
Stroke, All	350.4	286.4
Stroke, White (Non-Hispanic)	342.1	273.6
Stroke, Black (Non-Hispanic)	364.0	352.7
Stroke, Male	388.2	292.0
Stroke, Female	312.9	278.6

Source: Centers for Disease Control and Prevention



Cancer Incidence

The table below shows select cancer incidence rates from the National Cancer Institute.

Prostate cancer incidence is higher in Acadia Parish (162.1 per 100,000 males) and Louisiana (161.1 per 100,000 males) compared to the United States (131.7 per 100,000 males).

Breast cancer incidence rates is about the same in Acadia Parish (121.2 per 100,000 females), the United States (123.0 per 100,000 females), and in Louisiana (121.9 per 100,000 females).

Lung and bronchus cancer incidence in Acadia Parish (104.1 per 100,000 population) is substantially higher than in Louisiana (73.0 per 100,000 population) and the United States (63.7 per 100,000 population).

Colon and rectum cancer incidence is substantially higher in Acadia Parish (73.6 per 100,000 population) than in Louisiana (50.2 per 100,000 population) and the United States (41.9 per 100,000 population).

Cervical cancer incidence is higher in Acadia Parish (11.8 per 100,000 females) and Louisiana (9.3 per 100,000 females) compared to the United States (7.7 per 100,000 females).

Select Cancer Incidence Rates, 2008-2012

	Acadia Parish	Louisiana	United States
Prostate ¹	133.0	161.1	131.7
Breast (female) ²	121.2	121.9	123.0
Lung and bronchus ³	104.1	73.0	63.7
Colon and rectum ³	73.6	50.2	41.9
Cervical ²	11.8	9.3	7.7
Stomach ³	*	7.8	6.6

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 males

²Rates are per 100,000 females

³Rates are per 100,000 population

* Data has been suppressed to ensure confidentiality and stability of rate estimates



Cancer Mortality

The table below reflects select cancer mortality rates for Acadia Parish, Louisiana, and the United States.

Lung and bronchus cancer mortality in Acadia Parish (69.9 per 100,000 population) is higher than in Louisiana (57.6 per 100,000 population) and the United States (47.2 per 100,000 population).

Prostate cancer mortality is higher in Acadia Parish (27.7 per 100,000 males) compared to Louisiana (24.2 per 100,000 males) and the United States (21.4 per 100,000 males).

Breast cancer mortality is higher in Acadia Parish (36.1 per 100,000 females) compared to Louisiana (25.0 per 100,000 females) and the United States (21.9 per 100,000 females).

Colon and rectum cancer mortality is higher in Acadia Parish (24.5 per 100,000 population) when compared to Louisiana (22.7 per 100,000 population) and the United States (15.5 per 100,000 population).

Select Cancer Mortality Rates, 2008-2012

	Acadia Parish	Louisiana	United States
Lung and bronchus ¹	69.9	57.6	47.2
Prostate ²	27.7	24.2	21.4
Breast ³	36.1	25.0	21.9
Colon and rectum ¹	24.5	22.7	15.5
Stomach ¹	*	4.5	3.4
Cervical ³	*	3.0	2.3

Source: National Cancer Institute - State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 males

³Rates are per 100,000 females

* Data has been suppressed to ensure confidentiality and stability of rate estimates



Reported Health Status, Risk Factors, and Behaviors

Data on health status, risk factors and behaviors are available from the County Health Rankings and Roadmaps.

Adults in Acadia Parish are less likely to report having fair or poor general health (22.0%) compared to all Louisiana adults (21.0%).

Adults in Acadia Parish are more likely to report being diagnosed with diabetes (12.9%) compared to all Louisiana adults (10.4%).

Adults in Acadia Parish are less likely report being current smokers (23.0%) compared to all Louisiana adults (24.0%).

Physical inactivity is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in Acadia Parish are more likely to report being sedentary (38.0%) than all adults in Louisiana (30.0%).

Acadia Parish adults are more likely to report engaging in heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period (19.0%) compared to all Louisiana adults (18.0%).

Obesity is defined as having a BMI greater than or equal to 30. Respondents in Acadia Parish are less likely to report being obese (32.0%) compared to all Louisiana respondents (34.0%).

Reported Health Status, Risk Factors and Behaviors

	Acadia Parish	Louisiana
Fair or poor general health, 2014	22.0%	21.0%
Diagnosed diabetes, 2013	12.9%	10.4%
Current smokers, 2014	23.0%	24.0%
Physical inactivity, 2012	38.0%	30.0%
Excessive drinking 2014	19.0%	18.0%
Obesity, 2012	32.0%	34.0%

Source: County Health Rankings & Roadmaps



Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available through the Louisiana Department of Health and Hospitals. Acadia Parish has a lower HIV diagnosis rates(13.0 per 100,000 population) compared to Louisiana (28.0 per 100,000 population). The chlamydia rate in Acadia Parish (444.0 per 100,000 population) is substantially lower than the state rate (621.0 per 100,000 population). The gonorrhea rate in Acadia Parish (186.0 per 100,000 population) is similar to the rate in Louisiana (187.0 per 100,000 population). In Acadia Parish, the primary and secondary syphilis rate is unavailable.

Reported Sexually Transmitted Infections, 2013

	Acadia Parish Louisiana	
HIV diagnosis rate	13.0	28.0
Chlamydia	444.0	621.0
Gonorrhea	186.0	187.0
Primary and secondary syphilis	N/A	9.0

Source: Louisiana Department of Health and Hospitals - 2013 Louisiana STD Annual Report
 Rates are per 100,000 population



Maternal and Child Health

The Kids Count Data Center contains data on maternal and child health indicators. The birth rates in Acadia Parish and Louisiana are similar (14.3 per 1,000 population and 13.4 per 1,000 population, respectively). The teen birth rate in Acadia Parish (60.0 per 1,000 women aged 15–19) is higher than the state rate (45.0 per 1,000 women aged 15–19). Infant mortality in Acadia Parish (9.5 per 1,000 live births) is similar to Louisiana (9.4 per 1,000 live births). Acadia Parish has a lower rate of both low birthweight babies and preterm births when compared to Louisiana (see table).

Select Maternal and Child Health Indicators

	Acadia Parish	Louisiana
Birth rate (per 1,000 population), 2011 ¹	14.3	13.4
Teen birth rate (per 1,000 women aged 15–19 years), 2011 ²	60.0	45.0
Infant mortality rate (per 1,000 births), 2005–2009 ²	9.5	9.4
Low birthweight ²	9.6%	11.0%
Preterm births ²	9.6%	12.4%

¹Source: Kids Count Data Center; U.S. Census Bureau (calculated rate)

²Source: Kids Count Data Center



Access to Care

According to the ACS 2010–2014 estimates, Acadia Parish residents are as likely to have health insurance coverage (83.5%) as all Louisiana residents (83.4%).

Private insurance coverage is less common among Acadia Parish residents (56.6%) compared to all Louisiana residents (59.4%).

Public insurance coverage is more common among Acadia Parish residents (37.5%) than among all Louisiana residents (34.2%).

Residents in Acadia Parish are as likely to be uninsured (16.5%) compared to all Louisiana residents (16.6%). Children in Acadia Parish are less likely to be uninsured (3.9%) compared to all children in Louisiana (5.6%).

Health Insurance Coverage, 2010–2014

	Acadia Parish	Louisiana
Health insurance coverage	83.5%	83.4%
Private insurance	56.6%	59.4%
Public coverage	37.5%	34.2%
No health insurance coverage	16.5%	16.6%
No health insurance coverage (children)	3.9%	5.6%

Source: U.S. Census, ACS 2010–2014 estimates



Community Leader Interviews

Interview Methodology

Thirteen phone interviews were conducted from June 16 to July 19, 2016. Interviews required approximately 20 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- That other information can be provided about the community that has not already been discussed?



Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<ul style="list-style-type: none"> • Several interviewees mentioned AGH as the top health strength in the community. They feel that it offers a great array of service for a small community hospital, while providing a high quality care. • Another strength discussed by interviewees is the fact that Lafayette General Health has taken over management of AGH and is working to add needed services and specialists. • Interviewees also mentioned the nursing facilities and home health services as community strengths. • Other health strengths mentioned by interviewees include an increase in the number of gyms and health clubs, the growing interest in health and exercise, improvements in wait times, and the proximity to Lafayette.
Health Concerns	<ul style="list-style-type: none"> • Cancer, obesity, and substance abuse were the top health concerns discussed by interviewees. • Diabetes and heart-related conditions were also mentioned multiple times. • Interviewees discussed the above-mentioned chronic conditions in the context of nutrition. They feel that food culture in the Acadiana region leads to poor dietary habits and, consequently, the development of chronic conditions. • Multiple interviewees mentioned the issue of poverty in Acadia Parish. This population has a difficult time accessing healthcare services because of cost and the lack of providers who accept Medicaid.
Resources Available	<ul style="list-style-type: none"> • When asked about health resources available in the community, several interviewees mentioned the new afterhours walk-in clinic. Though not open 24 hours, this clinic provides care for individuals who cannot get in to see a primary care physician immediately and are not sick enough to require an ER visit. • Interviewees feel that for a small community Acadia Parish has a good number of physicians and healthcare services. • Multiple interviewees mentioned the SWLA health clinic in Crowley and the public health unit.



Community Leader Interview Summary (continued)

Resources Needed	<ul style="list-style-type: none"> • Mental health resources, primary care physicians, and preventive care efforts were frequently mentioned by interviewees as community needs. They suggested screening events and health fairs as methods for educating the public about healthy habits. • Multiple interviewees also mentioned that the community needs more medical specialists. Cardiology and obstetric services were cited specifically. • Mental health services are needed in the community.
Medically Underserved Populations	<ul style="list-style-type: none"> • Individuals of low socioeconomic status • Elderly • Working poor • Medicaid population
Barriers to obtaining health services	<ul style="list-style-type: none"> • Cost • Transportation • Health literacy • Access/availability
Ways to improve the overall health in the community	<ul style="list-style-type: none"> • The majority of interviewees feel that community-based education and prevention efforts should be employed to improve health in the community. • Other suggestions include increasing the number of primary care physicians and helping patients navigate the healthcare system.



Community Health Phone Survey

Phone surveys were conducted between June 7, 2016 and June 25, 2016. There were 200 respondents to the survey, all from Acadia Parish. Respondents were asked about their top concerns for the health of the community, their satisfaction with the community resources available to deal with their concerns, and whether their concerns were getting worse over time. A full version of the survey questionnaire is attached as Appendix C.

Top Health Concerns

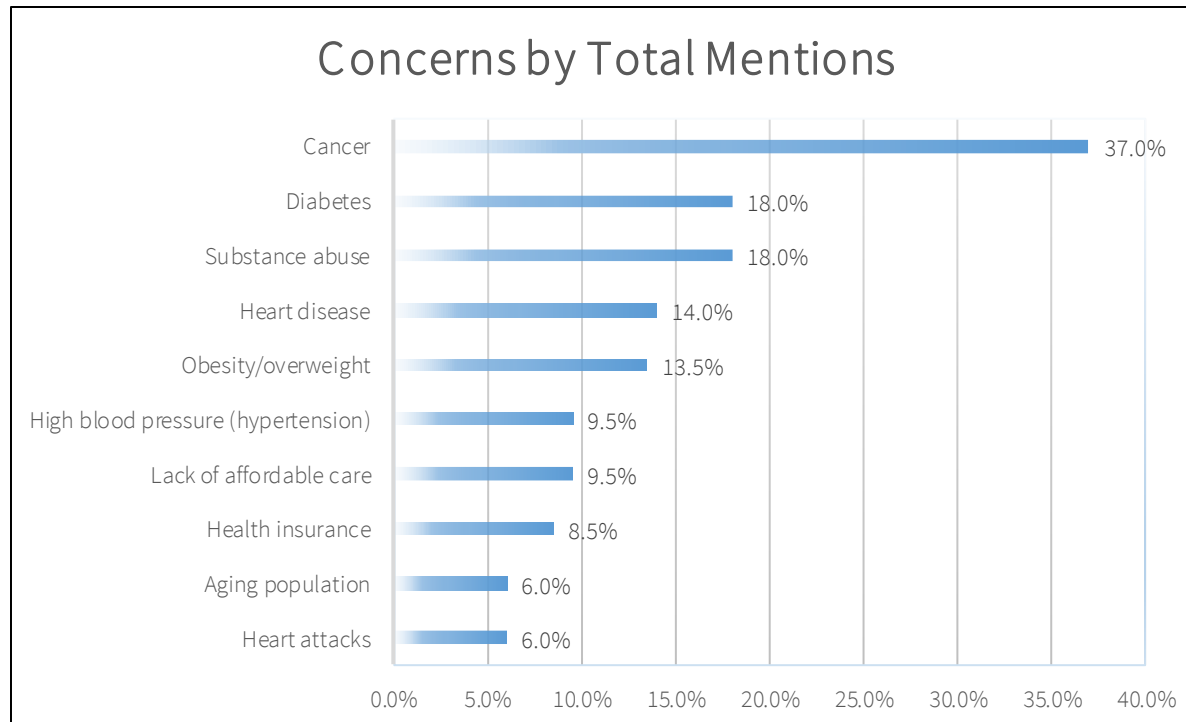
The community's top three concerns by total mentions are cancer (37.0%), substance abuse (18.0%), and diabetes (18.0%). It is important to note that heart-related conditions (heart disease and heart attacks) were mentioned by 20.0% of respondents. Approximately one in four respondents stated that cancer is their primary health concern in the community.

Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Cancer	24.5%	8.0%	4.5%	37.0%
Substance abuse	8.5%	6.5%	3.0%	18.0%
Diabetes	7.5%	5.5%	5.0%	18.0%
Heart disease	3.5%	8.5%	2.0%	14.0%
Obesity/overweight	5.0%	5.0%	3.5%	13.5%
Lack of affordable care	5.0%	4.0%	0.5%	9.5%
High blood pressure (hypertension)	2.0%	5.0%	2.5%	9.5%
Health insurance	6.0%	1.5%	1.0%	8.5%
Aging population	4.0%	1.0%	1.0%	6.0%
Heart attacks	1.5%	3.0%	1.5%	6.0%

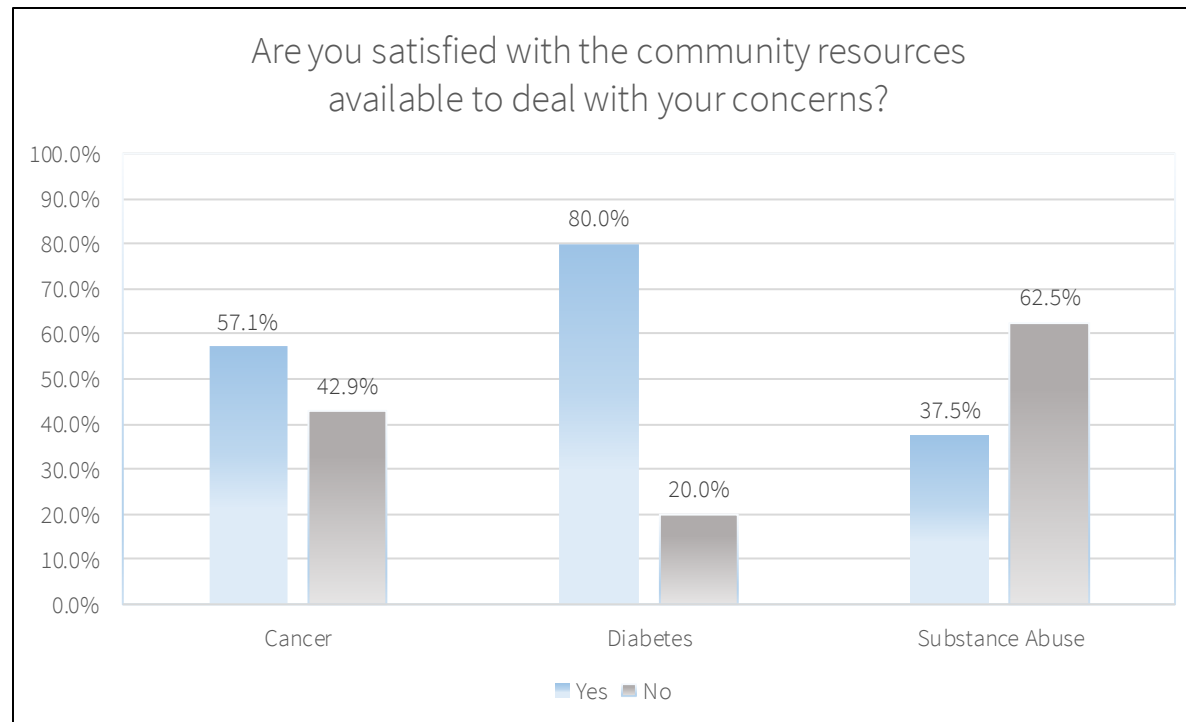


Phone Survey Responses (continued)



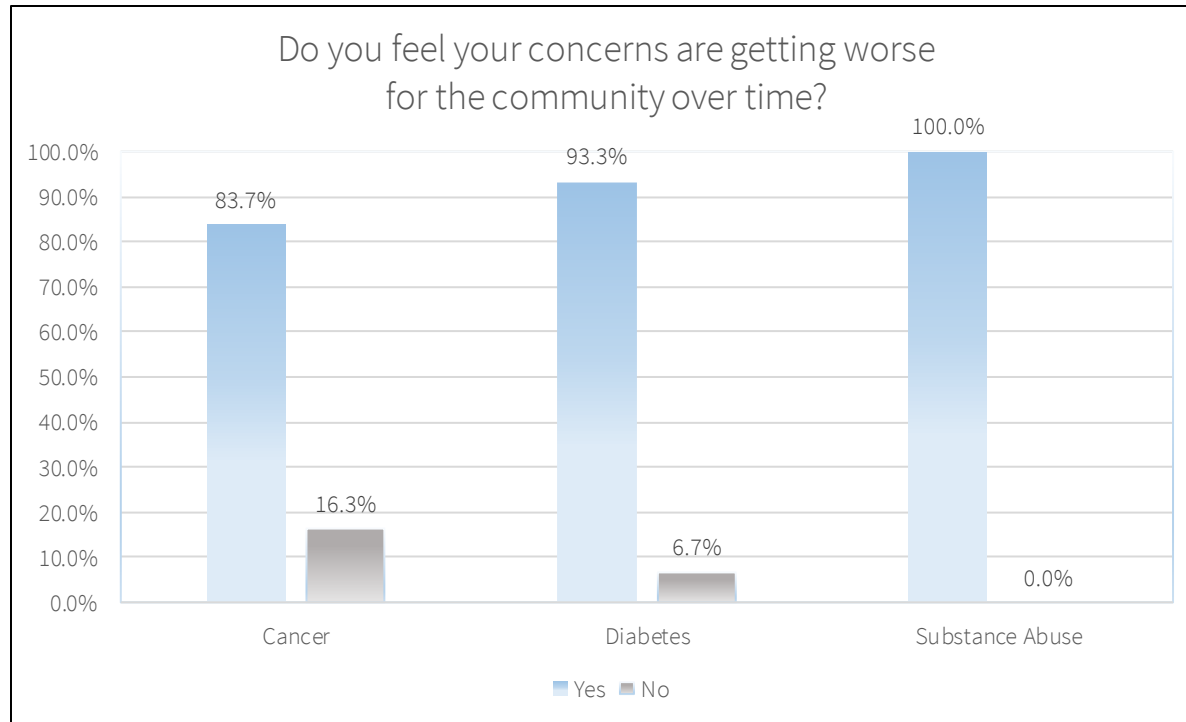
Phone Survey Responses (continued)

When asked if they are satisfied with the community resources available to deal with the health concerns, respondents were more likely to report being satisfied with the resources available to address cancer and diabetes. Conversely, respondents feel that the community lacks adequate resources to address substance abuse.



Phone Survey Responses (continued)

Respondents feel that the top three concerns are getting worse over time.



Phone Survey - Suggestions for Improvement

The most commonly mentioned concern mentioned by respondents was cancer. When asked if cancer has gotten worse for the community over time, 83.7% of respondents answered 'yes'. When asked what could be done to address cancer in the community, research, regular screenings and checkups, and increasing awareness were commonly mentioned as suggestions. A few respondents discussed the lack of resources in Acadia Parish, citing the need for residents to drive to Lafayette for treatment. Other suggestions include smoking cessation and addressing the issue of pollution.

Diabetes was one of the top three concerns. When asked if diabetes has gotten worse for the community over time, 93.7% of respondents answered 'yes'. Improving diet, increasing exercise, and taking part in preventive measures were commonly mentioned by respondents as ways to address the issue of diabetes. Some respondents discussed the challenges for the elderly population including the lack of resources offering affordable, healthy food options.

The third most commonly mentioned concern was substance abuse. All respondents who cited substance abuse as their primary concern feel that the issue is getting worse over time. The most common suggestion for addressing this issue is to improve law enforcement efforts. Respondents also feel that an increase in resources for substance abusers will help alleviate the problem.



Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for AGH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews, and survey data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Acadia General Hospital's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The six health priorities identified through the CHNA are: cancer, heart disease, substance abuse, obesity, diabetes, and social and cultural determinants.



Cancer

- Cancer is the second leading cause of death in Acadia Parish.
- Lung and bronchus cancer incidence and mortality rates are substantially higher in Acadia Parish than the state rate.
- The colon and rectum cancer incidence rate in Acadia Parish is substantially higher than the state rate.
- The breast cancer mortality rate is substantially higher than the state rate.
- Cancer was one of the most commonly discussed health concerns by community leaders.
- Cancer was the most mentioned health concern by phone survey respondents.
- The majority of phone survey respondents feel that cancer is getting worse for the community over time.

Heart Disease

- Heart disease is the leading cause of death in Acadia Parish.
- Stroke is the third leading cause of death in Acadia Parish with a mortality rate substantially higher than the state rate.
- Among residents aged 65 and older in Acadia Parish, heart disease, heart attack, and stroke mortality rates are substantially higher than the state rates.
- Heart disease and related conditions were frequently mentioned by community leaders as top health concerns in the community.
- Heart disease was the fourth most commonly mentioned health concern by phone survey respondents; one in five respondents mentioned either heart disease or heart attacks as a health concern.



Substance Abuse

- Substance abuse was discussed by community leaders as one of the top health concerns in the community.
- Among phone survey participants, substance abuse was one of the top three most mentioned health concerns.; nearly one in five respondents identified substance abuse as their top concern.
- Approximately two-thirds of phone survey respondents who cited substance abuse as their primary health concern are unsatisfied with the community resources available to address this concern.
- All phone survey respondents who mentioned substance abuse as their primary concern feel that the issue is getting worse for the community over time.

Obesity

- Approximately one in three Acadia Parish adults reported being obese.
- Acadia Parish residents are more likely to report physical inactivity compared to all Louisiana adults.
- Obesity was frequently mentioned by community leaders as a top health concern.
- Community leaders cited poor nutrition as the predominant factor contributing to obesity in the region.
- Obesity/overweight was the fifth most commonly mentioned health concern among phone survey respondents.



Diabetes

- Acadia Parish residents are more likely to report being diagnosed with diabetes compared to all Louisiana adults.
- Diabetes was mentioned by multiple community leaders as a top health concern in the community.
- Concerns about poor nutrition were discussed by community leaders.
- Among phone survey participants, diabetes was one of the top three most mentioned health concerns.; nearly one in five respondents identified diabetes as their top concern.
- The majority of phone survey respondents who identified diabetes as their primary concern feel that it is getting worse for the community over time.

Social and Cultural Determinants

Based on the quantitative and qualitative data gathered for this assessment, social and cultural determinants refer to issues related to underserved populations, as well as cultural influences.

- The elderly population was identified as being underserved by multiple community leaders.
- Among phone survey respondents, the aging population was a top ten health concern in the community.
- Multiple community leaders mentioned that low-income residents and the working poor are medically underserved and encounter barriers to obtaining health services such as transportation and cost.
- In the context of chronic conditions, community leaders discussed the poor dietary and lifestyle habits of residents in Acadia Parish.



Resources

Cancer

Lafayette General Health offers its Commission on Cancer-accredited oncology services to the residents of Acadia Parish through Cancer Center of Acadiana (CCA) at AGH. This CCA satellite location offers the same clinical treatments as those in Lafayette and in renowned cancer centers in Houston and across the country.

CCA at AGH brings an identity as a top cancer treatment facility to the area, which should provide comfort to both patients and families. Oncologists from Lafayette General Medical Center spend time working at AGH, which now contains a medical oncology clinic and is licensed for a six-chair infusion center. AGH has plans to expand the infusion center to ten chairs in 2016.

Miles Perret Cancer Services (MPCS) provides emotional support, guidance, resources, and programs to individuals and their families who are fighting, surviving, and living with cancer. Their services are comprehensive and provided at no charge. No appointment is necessary and there are no qualifications. MPCS is located in Lafayette and has a mobile unit that extends services to outlying communities throughout the Acadiana region.



Resources (continued)

Heart Disease

LGH provides health fairs throughout the Acadiana region. The health fairs include screening for blood pressure, heart rate, height, weight, body composition, BMI, and cholesterol.

The Pocket EKG program, also provided by LGH, allows community members to receive an EKG screening that is analyzed by a physician on-site. The community members then receive a wallet-sized card that provides a baseline EKG reading as well as the individual's name, physician and physician contact. Local ambulance providers have agreed to look for these cards when responding to a cardiac event.

Cardiovascular Institute of the South (CIS) is a cardiology group of 35 physicians with 14 locations throughout south Louisiana. The Crowley location has a physician who is board-certified in cardiovascular diseases and a nurse practitioner to provide care to residents of Acadia Parish. CIS in Crowley specializes in cardiology, heart disease, stroke, peripheral arterial disease, and more.

On April 1, 2016, LGH and CIS celebrated a five-year partnership that has offered advanced, high-quality cardiovascular diagnostics and care at four CIS clinics. As a result of this partnership, multiple screening events have been held throughout the region which promote cardiovascular disease awareness.

The Healthy Solutions Clinic (HSC), located in Crowley, also offers two services that can help community residents lower their risk of heart disease. HSC's smoking cessation program incorporates counseling, a lung analysis, and prescription medications to help patients committed to quitting smoking. HSC also offers medical weight loss services. A team of physicians, nurses, and counselors assist by providing a comprehensive approach including a consultation, access to diet meals and snacks, supplements, and a body composition analysis.



Resources (continued)

Substance Abuse

Compass Behavioral Center of Crowley is an 18-bed inpatient psychiatric facility that specializes in caring for adults aged 21 and older. Compass offers individual, group, and family therapy, as well as 24-hour care directed by a psychiatrist. Compass seeks to help patients achieve a high degree of function and independence.

The Crowley Behavioral Health Clinic provides services to individuals who are experiencing serious mental health or co-occurring mental health and substance abuse issues through a treatment team made up of part-time physicians, part-time psychiatrists, licensed social workers, licensed professional counselors, and registered nurses. The Clinic was established to prevent psychiatric hospitalizations.

Vermilion Behavioral Health Systems, located in Lafayette, is a free-standing, comprehensive provider of behavioral health services for adolescents, adults, geriatrics, and military members who suffer from mental illness, addiction, and co-occurring disorders. Vermilion is licensed to operate 78 beds and is the only inpatient adolescent service provider in the Acadiana region.

Acadiana Addiction Center offers alcohol and drug detox, residential treatment, and intensive outpatient treatment services. Located in Lafayette, Acadiana Addiction Center provides some of the most effective treatment in the southeast Louisiana region. As a private facility, Acadiana Addiction Center only accepts patients with insurance and those who are self-pay. Medicare and Medicaid is not accepted, but the staff will provide referrals to those in need.



Resources (continued)

Obesity

The health fairs conducted by LGH provide screenings that help assess a patient's obesity status. These fairs are open to the public and free of charge. Despite the fair serving as a screening access point for community residents, they are typically held in Lafayette, which is approximately 30 minutes from AGH.

Sterling Wellness Solutions, located in Crowley, provides comprehensive corporate wellness programs. Sterling works with companies to positively affect the health and well-being of employees through screenings and assessments, health coaching, educational support, and incentive programs.

The SWLA Center for Health Services is a non-profit community-based organization that provides quality, cost-effective healthcare services to multiple communities in southwest Louisiana. The Crowley location offers a wide range of services including preventive health care and education, screening and management of chronic conditions, and nutrition and weight loss. SWLA also provides community outreach activities including health and wellness resource fairs, an annual neighborhood walk, and diabetes education.

The weight loss program offered by Healthy Solutions Clinic (discussed on page 41) is also a valuable resource for residents in the community seeking a healthier body weight and composition.



Resources (continued)

Diabetes

The programs and services discussed on pages 41 and 43 are also valuable to diabetic patients in the community.

On April 7, 2016, LGH promoted World Health Day by advocating diabetes awareness. On World Health Day, all LGH employees, from CEOs to office staff, wore scrubs in an effort to start the conversation about health. Throughout the day, walks were hosted at LGH hospitals and urgent care to promote the goal of getting at least 30 minutes of moderate physical activity daily.

Acadiana Foot Center has locations in Eunice and Lafayette. As a podiatry clinic focused on foot ailments, Acadiana Foot Center provides preventive and routine care programs for diabetic patients. These services include care of ingrown nails and infections, debridement of nails, diabetic foot care and education, and more.

Baronne Foot Center is a podiatry practice offering locations in Lafayette, Opelousas, and Crowley. The podiatrists at Baronne help keep diabetic patients informed about foot care methods in order to make the best decisions for their health and well-being. Dr. George Smith sees patients at the Crowley Location.



Resources (continued)

Social and Cultural Determinants

Acadia Parish's Council on Aging provides services to seniors including meal assistance, material aid, medication management, nutrition education, recreation, transportation, and more. Multiple community leaders mentioned the Council on Aging as a valuable community resource. Multiple interviewees also mentioned that there are good skilled nursing facilities, as well as home health and rehabilitation services available in the parish.

The SWLA Center for Health Services provides services to low-income residents and the indigent population. The clinic's mission is to eliminate disparities in access to health care. All patients, regardless of financial status, are accepted and will be provided with a wide variety of services. This clinic is also a valuable resource for seniors on fixed incomes. In addition to providing health services, SWLA also provides referrals for home health care.

The ASSIST Agency, located in Crowley, seeks to improve standard of living and quality of life for individuals, families, and community experiencing economic hardship in southwestern Louisiana. ASSIST provides outreach and referrals to individuals who qualify, as well as programs including Food for Families and Affordable Housing Program. During summer 2016, ASSIST sponsored the Summer Food Service Program in Acadia Parish and Jefferson Davis Parish, which provides daily meals to children ages 1 through 18. There were no costs or fees to participate in the program. Children in grades K-12 were eligible to participate in the Recreation Program. This program was also free of charge. Other programs provided by the agency assist residents with health insurance applications and pharmaceutical access.

The Donated Dental Program of Acadiana is a network of volunteer dentists located throughout the Acadiana region who provide free dental treatment for patients approved for the program. This group donated nearly \$200,000 in dental care during 2012.



References

INTELLIMED International. (2016). Esri 2016.

United States Census Bureau. (2016). Poverty thresholds by size of family and number of children. Retrieved from <http://www.census.gov/hhes/www/poverty/data/threshld/>

United States Department of Labor, Bureau of Labor Statistics. (2016). Labor force data by county, 2014 annual average. Retrieved from <http://www.bls.gov/lau/laucntycur14.txt>

U.S. Census Bureau, American Fact Finder. (n.d.). 2010–2014 American community survey 3-year estimates. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Louisiana Commission on Law Enforcement. (2015). Crime in Louisiana 2013. Retrieved from <http://fcad.fldoe.org/mediapacket/2014/default.asp>

Centers for Disease Control and Prevention. (2016). Underlying Cause of Death, 1999–2014 Request. Retrieved from <http://wonder.cdc.gov/controller/datarequest/D76>

Institute for Health Metrics and Evaluation. (2016). US County Profiles. Retrieved from <http://www.healthdata.org/us-county-profiles>

Centers for Disease Control and Prevention. (n.d.). Interactive Atlas of Heart Disease and Stroke. Retrieved from <http://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=NJreports.aspx?geographyType=county&state=NJ#report>

National Cancer Institute. (2016). State Cancer Profiles. Retrieved from <http://statecancerprofiles.cancer.gov/>



References (continued)

County Health Rankings and Roadmaps. (2016). Health Rankings. Retrieved from <http://www.countyhealthrankings.org/app/louisiana/2016/overview>

Louisiana Department of Health and Hospitals. (n.d.). Sexually Transmitted Diseases - Louisiana 2013 Annual Report. Retrieved from http://new.dhh.louisiana.gov/assets/oph/HIVSTD/hiv-aids/2013_Louisiana_STD_Annual_Report.pdf

Kids Count Data Center. (2016). Louisiana Indicators. Retrieved from <http://datacenter.kidscount.org/data#LA/2/0/char/0>



Appendix A: Carnahan Group Qualifications

Carnahan Group is a strategic healthcare consulting firm focused on the convergence of regulations, transactions, and strategies. For over 14 years, we have been trusted by healthcare organizations and other entities throughout the nation as an industry leader in providing Fair Market Valuations, Community Needs Assessments, Community Health Needs Assessments, Medical Staff Demand Analyses, and other integrated strategies. We serve a variety of healthcare organizations, including not but limiting, hospitals and health systems, large and small medical practices, and public health agencies. Our highly educated and experienced staff provides only exceptional customer service, quality work, and unsurpassed insight into their specific needs.

Carnahan Group strives to become each of our clients' trusted partner by providing customized solutions, rapid turnaround time, and competitive pricing. Our staff members offer varied backgrounds and diverse capabilities, allowing us to understand that our clients need more than just a document; they need a sound plan to guide them through time-sensitive transactions in the face of the healthcare industry's most challenging scrutiny and in litigation.



Appendix B: Community Leader Interview Organizations

Organization	Area Represented
OneAcadia	Public Service Organization
Acadia Parish Schools	Child Health
Acadia Parish Assessor	Former Elected Official
City of Crowley	Elected Official
Rayne Guest Home	Medically Underserved and Low-Income Populations
Acadia Women's Health	Healthcare Provider
Elder Outreach	Medically Underserved and Low-Income Populations
City of Rayne	Elected Official
Region 4 Office of Public Health	Public Health Expert
Acadiana Pediatrics	Healthcare Provider
PL3 Associates	Former Hospital Leader



Appendix C: Community Phone Survey

1. Are you at least 18 years of age? [Yes or No]; **If No, not eligible for survey**
2. Are you a resident of [County of interest]? [Yes or No]; **If No, not eligible for survey**
3. When thinking about your community, what do you feel is the number one health concern facing your community today?

Record <PRIMARY> verbatim:

4. Are you satisfied with the community resources available to deal with <PRIMARY>? [Yes or No]
5. Do you feel that <PRIMARY> is getting worse for the community over time? [Yes or No]
6. What do you feel the community can do to address <PRIMARY>?
7. What do you feel is your second highest health concern in your community?

Record <SECOND> verbatim:

8. Are you satisfied with the community resources available to deal with <SECOND>? [Yes or No]
9. Do you feel that <SECOND> is getting worse for the community over time? [Yes or No]
10. And finally, what do you feel is your third highest health concern in your community?

Record <THIRD> verbatim.

11. Are you satisfied with the community resources available to deal with <THIRD>? [Yes or No]
12. Do you feel that <THIRD> is getting worse for the community over time? [Yes or No]



Company Overview

Headquarter Address

Carnahan Group Inc.
813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607

Branch Offices

Nashville, TN

Thank you for the opportunity to serve Lafayette General Health.
We are committed to being your innovative strategic partner.





 **CARNAHAN
GROUP**

Strategic Healthcare Advisors